

Indiana Grain Indemnity Corporation
150 West Market Street, Suite 414
Indianapolis, IN 46204-2810
Phone: (317)232-1356 Fax: (317)232-1362

QUARTERLY REPORT AND REMITTANCE

The Indiana Grain Indemnity Fund (IC 26-4) is established for the purpose of providing money to pay grain producers for losses incurred due to a failure of a grain buyer.

Beginning July 1, 1996, grain producers will be charged a two-tenths percent (0.002) premium on all grain sold in Indiana.

Buyers shall deduct these premiums from the gross sales price and shall remit to the Indiana Grain Indemnity Corporation. The producer premium, as defined in IC 26-4, shall be calculated using the gross sales price of the grain including all premiums and discounts for moisture, quality, variety, or any other characteristic of the grain. The producer premium shall be calculated before the deduction of marketing assessments, storage, drying, cleaning or any other service charges.

When purchasing grain, a buyer shall deduct the premium from the producer's payment, document the producer's premium, and submit the premiums collected in the following period and mail by:

OCTOBER 31 for producer premiums collected in July-August-September
JANUARY 31 for producer premiums collected in October-November-December
APRIL 30 for producer premiums collected in January-February-March
JULY 31 for producer premiums collected in April-May-June

Company or Buyer's Name: _____


Address (Street & PO Box): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number (including area code): _____ Fax Number: _____

Federal I.D. number or Social Security Number: _____

Calculation of amount of premium collected from producers for:

MONTH	DOLLAR AMOUNT OF PURCHASES	PREMIUM TO REMIT TO FUND 
	\$	
	\$	
	\$	
QUARTERLY TOTAL	\$ x 0.002 = \$	

Please remit a check for the above amount made payable to the Indiana Grain Indemnity Corporation.
Please return the original & 2nd copy with your check. Keep the 3rd copy for your records.

How was the premium collection documented (settlement sheet, check register, journal, etc.)? _____

If this report does not cover all BRANCHES, list the facilities that are NOT included.

This report must be completed and returned, even if no grain purchases were made.

I, the undersigned, declare this report has been examined by me and to my best knowledge is true, correct and complete.

Authorized signature _____ Date _____

Printed name _____ Date _____

FOR OFFICE USE ONLY: Amount _____ Check # _____ Deposit Date _____ Initials _____